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CONFIRMATION NO. 6996

SERIAL NUMBER 10/624,667	FILING DATE 07/22/2003 RULE	CLASS 417	GROUP ART UNIT 3746	ATTORNEY DOCKET NO. 6990.US.01
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/418,914 10/16/2002
and claims benefit of 60/418,986 10/16/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	OH	7	23	4
Verified and Acknowledged	Allowance Examiner's Signature	Initials			

ADDRESS

23492
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TITLE

Method for discriminating between operating conditions in medical pump

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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